MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07957

CERTIFICATE OF DEATH

07942

	0100			CENTIL	HCATE	OF DEATH				Cen	IN	
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased	lived, if institut	ion: Residenc	ce before o	dmissio	n)
	o. COUNTY	vert		MAR	OVIAND	a. STATE	YTY CO	Calvert				
		f outside corporate lim				c. CITY OR TOWN (If	yland	limits write RU				
	write RURAL and	give nearest town)							are and grow			
	A NAME OF HOSPITA	ince Fred	not in baseital a	7 hou:	1.8	Rural -S	t. Leo	nard		1 6:	S RESID	ENCE
							1-			YE	ON A FA	RM?_
2	Calvert		HOSD1T	Middle		Long Be	4. DATE	Hami	<u></u>			100
3.	DECEASED				2 -	Last	OF	Mani		Doy	Yea	1-
5	(Type ar print) SEX	6. COLOR OR RACE		Mar NEVER MARRIE		Baker L DATE OF BIRTH	DEATH	AGE (In years	IF UNDER 1	14	19 UNDER	-
			WIDOWED	NEVER MARRII	느느	4-7-03	/*	last birthday)	Months		Hours	Min.
_	emale	White (Give kind of work don		ND OF BUSINESS OR		11. BIRTHPLACE (Count	n. 9 Canan ne forni	64 Yrs.	12 (1)	IZEN OF W	HAT	
	ing most of working I	ive, even if petired)	INI	DUSTRY,		District			COI	U.S	٨	
12	FATHER'S NAME	iraq"		Home		14. MOTHER'S MAIDEN		TOTIOTS	-	0.5	* PL *	
	_	Maman										
-		Meyer RINUS, ARMED FORCES	2 112 6	SOCIAL SECURITY NO.	17 11	Rose C	rovo	Addr	***			
		(If yes give war or date		SUCIAL SECURITY NO.		Louis S.	Reken		Leon	hra	Ma	
-	Ne			di a		JOULS D.	Danoi	50.	2011			
		ATH (Enter only one of H WAS CAUSED BY:	ause per lime for	(a), (b), and (c).)		male	11				AL BETV	
	4201	IMMEDIATE CAUS		1 va scor	9	Vecur	the other way with the second		1-	-	1	
	Conditions, if any,		JE TO							60	yu	Ly
	rise to immediate	e rause (a),	(b) JE TO					_				-/-
	stating the under	lying couse	(c)									
		SNIFICANT CONDITIONS		O DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE C	ONDITION GIVEN	IN PART 1(a)	~~~~~~	19. W	AS AUTO	PSY
TION										YES	RFORME	
CERTIFICATION	20g. ACCIDENT WAS	UNDERLYING 🗀	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	n Part I ar Part I	of item 18.)		1 125	<u> </u>	
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										67 24 HRS. Min. VEEN ATH PSY 10 Cobov Wee) Ia Obov
MEDICAL	20c. TIME OF INJU	IRY Manth, Doy, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, fa	rm, 20f.	(City or town)	(Cas	inty)	(5	itate)
量	Havr'a.n p.п	11	While of work		facta	ry, street, office bldg., et	t.)					
					from_	June 1/4	19_6.7. to	June	1.19	67 that	(I) (v	ve) (a
	saw the de	ceased olive and	June 11	19 67	and that	death occurred a	11:20pm	from causes				
	22a. SIGNATURE	11/	111			ATTENDING -	MED.	- STAFF	22b. DA	TE SIGNED		
		CAM!	Mor	ulu	M.D	PHYS.	DIRECTOR C	PHYS.	1 6/1	5/6	7	
	22c. PHYSICIAN'S NAME (Type)	8.	2 27.0 -		/	22d. ADDRESS	_					
	ļ	HODERTO		larreal	, M.I		Leonar		- M			
23	 BURIAL, CREMATIO REMOVAL (Specify) 		HEREOF	23c. NAME OF CEA	METERY OR C	REMATORY	23d. LOC	TION (City or To	wn)	(County)	(St	ate)
-	SUZICA FUNERAL DIRECTO	VURC 1	7,1767	11 ock	week.	Levelery	/ha	chea o	ON	CHATURE	0,0	
1	O O	but	7.4	ADDRES: A) il	1.	CD BY REGISTRAI		Conta			
	1,660	rurcees	21120	1021 10	DNIG	e mo DATEU	IT TO S	167 20	marker	y you	AAA.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion.

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.Dr. bananad .PV moder ... et al

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07958

CERTIFICATE OF DEATH

07943

06330	CERTIFICATE	OF DEATH		0.020
1. PLACE OF DEATH				tian: Residence before admission)
a. COUNTY Calvert	MARYLAND	d. STATE Mar	yland b. COU	Calvert
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, write RUI	RAL and give neorest town)
Prince Frederick	22 days	Hunting	town (ku	ral) 04.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Calvert County Hospits	al			YES NO T
3. NAME OF First DECEASED	Middle	Last	4. DATE Mant	th Day Year
(Type or print) George		ornbush	DEATH June	4 19 67
		B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
Male White WIDOWED		-6-94	73 yrs.	
10a. USUAL OCCUPATION (Give kind of work dane during mast at working life, even if retired) IND	ND OF BUSINESS OR DUSTRY	_	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Salesman	Germa 14. MOTHER'S MAIDEN	- M	U.S.A.
Matthew Dornbush 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5:	OCIAL SECURITY NO. 17. II	USITES P	ine Kuhnle	220
(Yes, na. gr.unknawn) (If yes give war ar dates of service)				
1B. CAUSE OF DEATH (Enter only one couse per line for (12-01-1764Ge	orge J. D	lornbush, Jr	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	. 17 (17 – 1717	relier		ONSET AND DEATH
1/20/ DUE TO	sonory &	run		
Conditions, if ony, which gave	/			
rise to immediate cause (a), stating the underlying cause DUE TO				1 - 1 - 1
last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
OIL TOTAL				YES NO
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DES	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
Haur 'a.m. While		CE OF INJURY (Home, form ory, street, affice bldg., etc.		(Caunty) (State)
p.m. 17 at work	at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
21. I certify that (I) (this haspital) aftend	ed the deceased fram	5-12-67	19 to 6-11	, 19 67 , that (I) (we) last and an the date stated abave.
22g. SIGNATURE	17 - , uno mai	death accorred at	m, Iran couses	22b. DATE SIGNED
Holler	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S	7110	22d. ADDRESS		
NAME (Type) George J. Ween	ns, M.D.	Huntin	gtown, Mary	and
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or To	iwn) (County) (State)
REMOVAL (Specify) Tune 6 1967	Cedar Hill	Cemetery	1 Jakimos	·e 1/1d.
24. FUNERAL DIRECTOR	ADDRESS	// 1111	D BY REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATURE
U. J. Warande Y & da	Vors / Reult	C. MAS DATE	N 6 1967 82	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye cachen papers. Pages 1 and 2 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

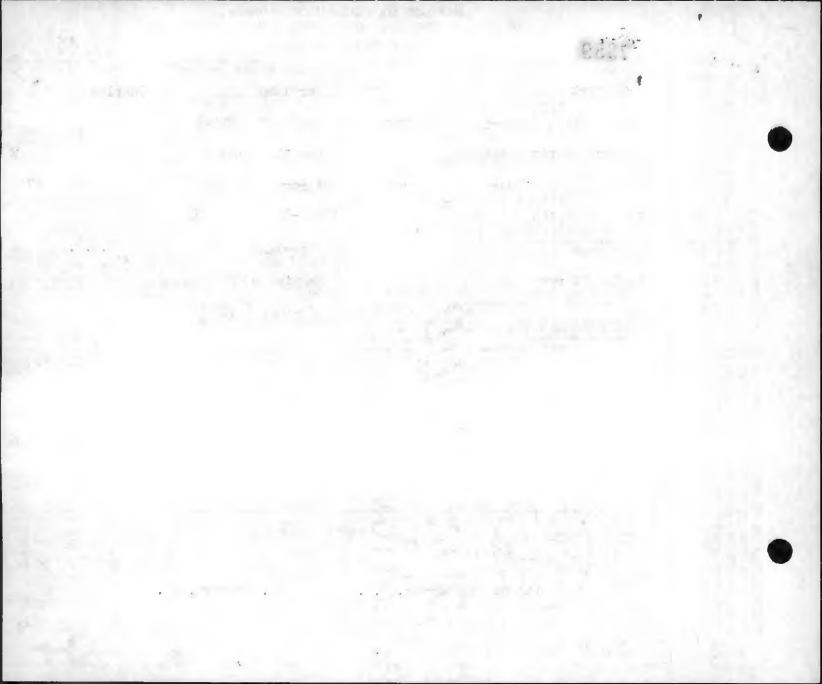
CERTIFICATE OF DEATH

07944

(1303					0.00	10.00	
PLACE OF DEATH			E (Where dec	eased lived, if institut		efore admissi	on) /
o. COUNTY	Ad a Pray? A same	a. STATE		b. coul	_		V
Calvert	MARYLAND	Maryland			harles		
 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 15			orate limits, write RUI	RAL and give ned	arest tawn)	
Rural Prince Frederick	21 days	Nanjemoj	Ru	ral	02	1 10 5000	D.C.L.C.F.
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street address)	d. STREET ADDRESS				e. IS RESI	ARM?
Calvert County Hospital		Box 31	Route	1		YES _	NO X
NAME OF First DECEASED	Middle	Lost	4. DAT			Day Ye	
(Type or print) Wilder	Avner	Gilroy	DEA			9 196	
. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH		9. AGE (In years	Manths Day		R 24 HRS
Male White WIDOWED	DIVORCED	12-24-14		52 birthday) yrs.	Indititis Da	rious r	(Atili1)
	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Cou	nty & State, ar	fareign country)	12. CITIZEN		
Unemployed	ואוכטעה	Marylar	ad		f.S.	A.	
3. FATHER'S NAME		14. MOTHER'S MAID		Rtil,	Box 3	1	
William Gilroy		Maggie N	lu y joh	4 Nani	iemoy,	Md.	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	. ~	Addre	ess /		
Yes, na, or unknown) (If yes give wor or dates at service)	14-12-7034 M2	s. Ethel	Gil	-04	,		
18. CAUSE OF DEATH (Enter only one cause per line for	or (cd. (b) and (cl.)			1		INTERVAL BET	WEEN
PART 1. DEATH WAS CAUSED BY:	Heidon	-				ONSET AND D	
260 X IMMEDIATE CAUSE (a)	1 7 -1	, -	7			×110	
Condition if an abid and	With Some	weegshah	- L			2500	70
rise to immediate cause (a),		2 notes					
stoting the underlying couse DUE TO	12/15/1-	h. 0000.	-				
last.) (c)	governos,	rence	-1				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION G	IVEN IN PART 1(a)		19. WAS AUTI	PSY FD?
						YES	NO D
	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury	in Part I ar I	Port II of item 18.)			-
OR CONTRIBUTING CAUSE OF DEATH							
(II CHIECK, HOTH FIREDICAL EXAMINER)	INJURY DCCURRED 20e. PLA	ICE DF INJURY (Home,	form. 20f	(City or town)	(Caunty)		(State)
20c. TIME OF INJURY Month, Day, Yeor Haur o.m. 20d. While		tory, street, affice bldg.,		(city of tomit)	(caumy)		sierej
p.m at wa	rk 🗀 at wark 🔲						
21. I certify that (1) (this haspinal) after	nded the deceased from		, 19,			that (I) (
sow the deceased alive on	19ond tho	t death accurred	at	_M, from causes	and on the a	ate stated	aba
220. SIGNATURE	col	ATTENDING	MED.	STAFF	22b. DATE S	IGNED	-
Lavour	M.	D. PHYS.	DIRECTOR		16-1	19-6	27
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) Roberto de Vil	Larreal, M.D.	St.	Leona	ard, Md.	-		
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMEJERY OR			LOCATION (City or To	wn) If an	inty) (S	State)
OREMOVAL (Specify)	1 1 1-1	11	1	1.1.	1 / 0	111	MI
Burial" Dune 13, 196	7 /rinity 1		drien.	C	627, CI	1	IN
The Heart Treneral Home.	Wallson & M	A 250.	EC'D BY REGI		EGISTRAR'S SIGNA		P.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please, Elifore carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

19.67. that (1) (we) last M. from couses and on the date stated obove. 22b. DATE SIGNED (County) 2So. REC'D BY REGISTRAR

(County)

07945

Day

Doys

12. CITIZEN OF WHAT

COUNTRY?

Months

IS RESIDENCE ON A FARM?

Year

YES NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS

PERFORMED? NO

(State)

(State)

- Patty liveria Finaluch. Trace that send for to late The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hours after death should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event. within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

97961

CERTIFICATE OF DEATH

07946

Ļ				していなり
	1. 1	PLACE OF DEATH PRINCE FREDERICK, Md.	2. USUAL RESIDENCE (Where deceased lived, if institution: R. o. STATE	
1		CALVERT CO, HOSpital MARYLAND	1 THRY LATTEL	Calvert
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give nearest town)
		5 days	0011143	31
1	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		Calvert Co. Hospital		YES 🔀 NO 🗌
1		NAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Year
ŀ	((Type or print) IAMES !///TON	Mowes DEATH JUNE	
ı	S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IFU lost birthday) Mor	NDER 1 YEAR IF UNDER 24 HRS.
1		MALE WHITE WIDOWED DIVORCED	11-4-71 75 Yrs.	
1	10o.	o, USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
L		FARMER	Calvert Co. Maryland	U.S.A.
ı	13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		ZacariAh Howes decd.	Ella Arminger	
1		es no or unknown). If the give war or dates of service)	FORMANT Address	
	1	NO 1217-36-6097A GR	ACE BOURNE Howes (wings, Md.
ľ		18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).)	0 - 01.	INTERVAL BETWEEN ONSEI/AND DEATH
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COCCECUTY O	celusin a typicalis	17 6 COLL
l		HARI DUE TO		11/ 3
١		Conditions, if ony, which gove itse to immediate couse (a), (b)	there sale iress	4 Micaio
ı		stoting the underlying couse DUE 10		
I		lost. (c)		
ı	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ı	Ī			YES NO
I	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	inter noture of injury in Part I or Port II of item 18.}	
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. Injury Occurred 20e. PLACE	OF INJURY (Hame, form, 20f. (City or town)	(County) (State)
İ	MEDICAL	Hour o.m. While Not White focto	ry, street, office bldg., etc.)	(50011)
ı		p.m. 19 otwork L otwork L	Zaha 1962, to	10 41.4 (1) / 11.4
ł		21. I certify that (I) (this hashital) attended the deceased fram saw the deceased alive an Jacob 25 19 7, and that		19, that (I) (we) last
l		220. SIGNATURE		7b. DATE SIGNED
ı		JOAN SELL M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	0/28/67
١		22c. PHYSICIAN'S NAME (Type) PAGE OF SET	22d ADDRESS TREATEN	11
-	230	IO. BURIAL, CREMATION, 286, DATE THEREOF 23c. NAME OF CEMEJERY OR C		(County) (Stote)
1	Luis	PEMOVAL (Specific) July 1, 1967 all Saint	6 Ch. Com Sunderland	Calvert ral
ŀ	24	A FUNERAL DIRECTOR: ADDRESS		AR'S SIGNATURE
	9	Hutching Tunesal Home Murrico	med DATEJUL 3 1967 fclu	wells Judge
E	1-1	mumin porter promise	7.4	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

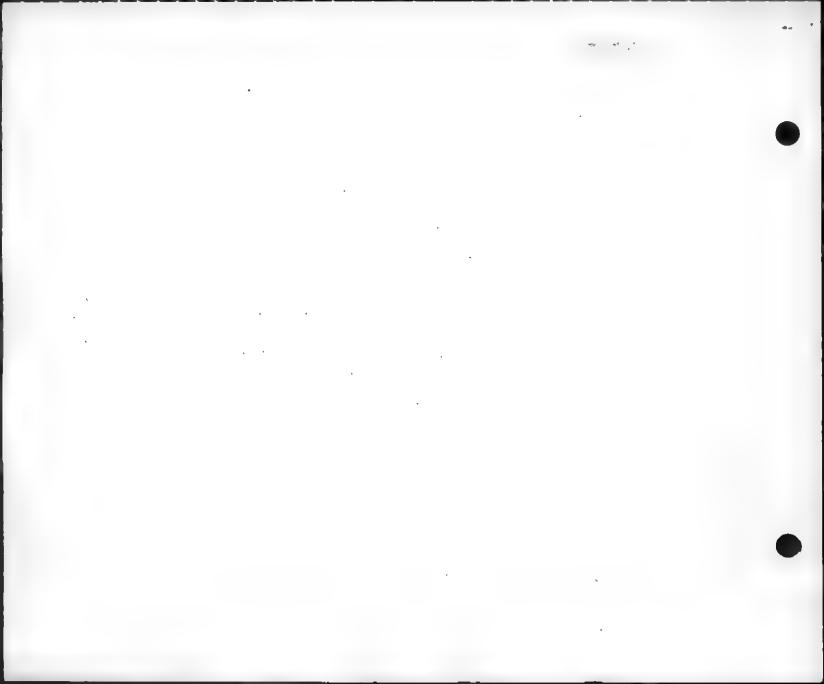
	0.43es	CERTIFICATE	OF DEATH		6.7	7947
	PLACE OF DEATH			there deceased lived, if it		e before admission)
1	Calvert	MARYLAND	o. STATE		. COUNTY	7
		C LENGTH OF STAY IN 16	Maryland	side corporate limits, wil	te R: RAL and cive	
	write RURAL and give nearest town)	LEMORI OF THE THE			C NOWAL ONG B. VO	1.00703. 1041.7
		3 days		iendship _		
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g.ve	e street address)	d. STREET ADDRESS			e S RESIDENCE ON A FARM?
C:	lvert County Hospital					YES NO
	NAME OF First	Albert	Losi	4. DATE	Month	Day Year
	OFCEASED Type or print) Charles	Alvin	King	OF DEATH	6	19 19 67
-	EX 6. COLOR OR RACE 7 MARRIED		DATE OF BIRTH	9 AGE (In ye	ors IF UNDER I	
3	Male White WIDOWED	DIVORCED	4-8-08	lost birthd	yrs	Doys Hours Min
		OF BUSINESS OR	11. BIRTHPLACE (County 8	L State, or foreign country)		ZEN OF WHAT
IUI	ng most of working life, even if retired) INDU		Maryland		U.	S. of A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	Richard King		Fannie Dov	8		
15		CIAL SECURITY NO 17. IN	IFORMANT		Address	
(Ye	and a supplementally the second supplementally	56 7404			В	ox 261
U	HEROMENO ZII	-30-3404 Edv	<u>vin King, E</u>	rince Free	derick,	
	1B. CAUSE OF DEATH (Enter only one couse per line for (), (b), ond (c).)				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ences.				CHIEF MILE DEATH
	DT of X DUE TO	~~	_ 7	1 0		
	Conditions, if any, which gove) (b)	1 (Mornieu	Lac 11	CAMER 1	2	
	rise to immediate couse (a), (Dur To	1		7		
	stoting the underlying couse (c)					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO TH	E TERMINAL DISEASE CON	DIT ON GOVEN IN PART ((a)	19 WAS AUTOPSY
5	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BOT NOT KEERIED TO TE	IE TERMINAL DIDEADE CON	DILION GIFTIN IN I MAI I.	[0]	PERFORMED?
CERTIFICATION						YES NO
2	20b DESCO OR CONTRIBUTING □ CAUSE OF DEATH	RIBE HOW INJURY OCCURRED (E	inter noture of injury in P	Port I or Port II of Item 1	B)	
7	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	The state of the s		OF INJURY (Home, form,	. 20f (City or tox	vn) (Cour	nty) (Stote)
Mic.	Hour o.m. 19 While of work		ry, street, office bldg., etc.)			
	21. I certify that (I) (this hospital) attended		UN 7- 1	9 6.2. 10 June	18 19/	2, that (!) (we) la
	sow the deceased alive on	ond that	deoth accurred of		ises and on the	e date stated above
	220. SIGNATURE	7 7 , 01107101	acom accorded on	FF 4. ZZIM, HOIII CO		TE SIGNED
	220. SIGNATURE	M D		MED STAFF DIRECTOR PHYS.	D 20-	19-67
	22c. PHYSICIAN'S		22d. ADDRESS			
	NAME (Type) Page C. Jett. M.	D	Prince F	rederick,	Md.	
23n	BURIAL CREMATION. 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 0	23d LOCATION (City	or Iown) f	(County) (State)
	REMOVAL (Specify)	707 11	W/ Pa	11	- M	* 7 56
7,4	FUNERA DIRECTOR	ADDRESS	my Ch, Com	BY REGISTRAR 2	Sb REGISTRARS S C	CNATHER
14	State of the state	IT ALT COM		_ 1	Clian	
Ĺ	Julistims + uneral / Tome	an info/	DATEJU	N 2 1 1967	1	1

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1, and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 moy be retained by the haspital or ottending physicion. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the danth certificate be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE Differe declared lived, if institution Residence peroxe admission a. COUNT o STATE ago 2 MARYLAND Stote Deportment c LENGTH OF STAY N 1b c CITY OF HOSPITAL OR INSTITUTION of not in hospital give street address) d STREET ADDRESS IS RESIDENT form hours hours Item 18. Give Pages YES Office along with 4 DATE OF DEATH NAME OF M ddle DECEASED within (Type or with t IF UNDER IF UNDER 24 HRS 6. FOLOR 7. MARRIED EVER MARRIED Months Doys Hours WIDOWED DIVORCED executed within 24 hours lond2 event OCCUPATION (Give kind of work done i0b. BUSINESS OR 12. CITIZEN OF WHAT during toos of working COUNTRY? any in pellic In Chief Medical Examiners 13 FATHER'S MAME نه WAS DECLASED EVER IN U.S. permit. removol, iff yes give war or dotes of service 18. CAUSE OF DEATH (Enter only one couse per lightfor (o), (b), onto (c). buriol-tronsit PART I DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (n) This certificate shou d cremation, forwarded to the Conditions, if only, which gove rise to immediate couse (a). DUE TO storing the underlying couse 0 lost burial, THER SIGNER ANT CONDITIONS CONTRIBUTING TO DEATH BUT OF RELATED TO THE TERM NA. D SLASE CONDITION GIVEN IN PARTY WAS AUTOPS'
PERFORMED? NO its designated ogent, prior to EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port Lof tem 18.) PR.MARY Or CONTRIBUT NO should INJUNY Manth Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) (County) (State) Not White factory street, office bldg, etc.) moy be retoined for your FUNERAL DIRECTOR: Page at work at work 21. I certify that I faak charge of the remains described above, held an Autopsy ond in my opinian Inspection. Inguiry the fulleral director. deoth resulted from Natural causes Accident 💄 Suicide Hom cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATB SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy 1 10 FUNE Health NAME (Type) Address (Street, city, town or county) 23o. BURIAL CREMATION 23d LOCATION (City or Jown) 2Sb. REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR VR A15ME



FOR STATE in Item 18. Give Pages 1, 2, and 3 to er's Office alang with form PM3. Page any delay is 5 may be retained for your files. 24 hours after death. If This certificate should be executed the funeral director. Page 4 shauld be farwarded to the Chief Medical necessary, please execute the certificate, writing the ward "pending" TO DEPUTY MEDICAL EXAMINER:

Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VR A 15ME (5)

0.00									0.6	UAU
1. PLACE OF DEATH o. COUNTY				2. USUAI o. STA	TF		d lived, if instit	ution: Reside	nce before	admissian)
	CALVERT	· ·	MARYLAN	(D	Mar	yland		C/	ALVER	
	(If outside corporate limits, id give nearest tawn)		c. LENGTH OF STAY IN I	c. CITY O			limits, write F	URAL and give	ve neorest	town)
	e Frederick				Por	t Repul	olic	0	4.1	
	TAL OR INSTITUTION (If not	, ,		d. STREET	ADDRESS				е	ON A FARM?
	rt County Ho								Y	ES NO
3. NAME OF DECEASED	First		Middle	Lo	st	4. DATE	Mo	onth	Doy	Year
(Type or print)	EDIT	CH	MAY	STE	WERT	DEATH	Ju	ine	11,	1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [8. DATE OF			AGE (In years	IF UNDER Months	1 YEAR Days	Hours Min
Female	Negro	WIDOWED	DIVORCED	Mar	ch 13-		last birthday) 25 yrs.	monnii3	Days	, would mill
IDo. USUAL OCCUPATIO	N (Give kind of work done		D OF BUSINESS OR USTRY	11. BIR	THPLACE (State	or fareign cau	ntry)		ITIZEN OF DUNTRY?	WHAT
during mast of working	omestic	IND	USIKI	1	Maryla	and		(1	JUNIKT?	
13. FATHER'S NAME				14. MOTI	HER'S MAIDEN	NAME				
Lerov	Butler			Do	rothy	Stewe	rt			
1S. WAS DECEASED BY	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO	17. INFORMANI				dress	3	Ma
(Tes, na, ar unknawn)	(If yes give war or dates of	zervice) 2	217-466915	Doro	tyy S.	tewert	St	.Leon	ard,	Md.
18. CAUSE OF D	EATH (Enter only one cause	per line for (a), (b), and (c).)	****	AU					RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	C.	unshot woul	nd of cl	nest				ONS	ET AND DEATH
1919	DUE TO	*)								
Conditions, if any	, which gove) (b	1								
rise to immedio	te couse (a), (-						
stating the unde	enying couse									
PART II OTHER S	IGNIFICANT CONDITIONS COI		DEATH BUT NOT RELATE	D TO THE TERMIN	AL DISEASE CO	NDITION GIVEN	IN PART I(a)		19.	WAS AUTOPSY
ATIO		III. III III	S DESCRIPTION OF STREET	S THE TEXTINA	JIJENJE CO	merrium witth				PERFORMED?
2Do, EXTERNAL C. PRIMARY Or CC	AUSE WAS		CRIBE HOW INJURY OCCU							
	JIG RIDOTINO LI	Sho	ot by hunt:	ing comp	panion	while	unloa	ding	gun	
20x. TIME OF INJ	IURY Month, Day, Year		JURY OCCURRED 2 2D	e. PLACE OF INJUR	Y (Hame, farn		(City or town)	(Co	ounty)	(State)
10:45 x	ж 6-11 196	7 While at wark	Not White of work	factory, street, o	imice bldg., etc.	Port	Repub	lic	Calv	ert Md
21. I certif	fy that I toak charge			e, held an Au	tapsy 🔽	Inspectio	n []. In	quiry 🔲	and	in my opinio
death resul		causes -	Accident [].	Suicide ,	Hamicide		determined			ve
	1.11	1	0		CHIEF MEDICAL	-			CD .	
ACTUAL SIGNATURE	Clark?	J. C	5-9-1			DICAL EXAMINE	∑k		2	2. DATE SIGNE
EXAMINER'S	Ohamlas O	Cond	Total M.D.		DEPUTY MEDIC			Τ	10	1067
NAME (Type)	Charles S.		igate, M.D.		Address (Stree	t, city, town, o			ne 12	1967
230. BURIAL, CREMATI REMOVAL (Specif	v)		23c. NAME OF CEMETER			23d LOC	ATION (City or		(County)	(State)
	6-16-6	7		h.Cem.	1 00	Huch	ual		rel e	740
24. FUNERAL DIRECTO			ADDRESS	- 1	DAR DAR	BY REGISTRA	967 2Sb.	REGISTRAR'S	GNATHR	idal
Yenter	ey & Seev	ell to	ino Fred,	mg	DAR	1 10 1	301	- / (1	1
	1								-	

1 Libert ! THE SERVICE STATE Fig. strong to the strong of the conTO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07965	5		CERTI	FICATE	OF DEATH				0.040	
PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased liv	ved, if institutio	n: Residence	before odn	ission
	alvert			RYLAND	o. STATE Mary		b. COUNT	Calv		
b. CITY OR TOWN	(If outside corporate limited give nearest town)	ts,	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If out	side corporote lin	nits, write RURA	L and give n	eorest tow	n)
Rural-Pr	ince Fred	lerick	10 hour	8	North	n Beach	1	04	1	
	TAL OR INSTITUTION (If n				d. STREET ADDRESS					RESIDENCE
Calvert	County Ho	spita	1							A FARM?
3. NAME OF	F	irst	Middle		Last	4. DATE	Month		Doy	Year
(Type or print)	Geo	rge	4,		Young	OF DEATH	6		27	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 7 8	L DATE OF BIRTH	9. AG	E (In years	IF UNDER 1 YE		IDER 24 HRS.
male	white	WIDOWED	DIVORC	ED 🗀	8-19-86	905	t birthday) 7 Gts.	Months D	oys Hai	ars Min.
during most of working	N (Give kind of work done g lite, even if refired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County 8		country)		N OF WHATRY?	Ţ
I3. FATHER'S NAME	lucian		-		Maryland 14. MOTHER'S MAIDEN N			10.5).A.	
13. FAIREK 3 NAME										
_		wn			unk	now				
IS. WAS DECEASED EV	FR IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Addres	5		
no	fin les dies sen en en en	5	78-07-75	8/	Gertrude !	Young	Nort	h Bea	ch.	Md.
Conditions, if an rise to Immedia stating the und lost.	γ, which gave) te cause (o),	(o) TO (b) TO	Cotons	di .	indudus.	290	suc.			
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(0)		19. WAS PERF	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in F	ort I or Port II o	f item 18.)			
Hour 'o	ı.m. 19	While of wor	k ot work	focto	E OF INJURY (Home, form pry, street, affice bldg., etc.)		y or town)	(Caunt		(Stote)
					une 27 , 1 death accurred aft					
22o. SIGNATURE		v · Low	· }	M.D	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	22b. DATE		
22c. PHYSICIAN NAME (Type		el Da	malouji,	M.D	22d. ADDRESS Prince	e Fred	erick,	Mary	rland	1
230. BURIAL, CREMAT REMOVAL (Special CES ILICEIA	n 6/3	OF 67	236 NAME OF CEN	Hill Hill	Tet Com.	Sil	N (City or Tow	pring	VALUE OF	(State)
24. FUNERAL DIRECT	2	. 10 h	ADDRESS	1 m as A		क्षित्राधिक	259: REG	ISTRAR'S SIG	THURE U	

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